

## DO/EO BIBLIOGRAPHIC DATA ENTRY

09/74329

SERIAL NUMBER: 09 / 743291  
IA NUMBER: PCT/ GR99 / 00024  
FAMILY NAME: NAQUM  
GIVEN NAME: DIMITRIOS  
PRIORITY CLAIMED (Y/N): Y  
NO BASIC FEE (Y/N): N  
ATTORNEY DOCKET NUMBER: P010-4176(PC  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
FAX  
NAME: BRUCE L ADAMS  
ADAMS & WILKS  
STREET: 50 BROADWAY-31ST FL  
CITY: NEW YORK  
STATE/COUNTRY: NY ZIP: 10004  
EMAIL:  
APPLICATION TITLES:  
COLLECTOR OF UNUSED WATER

TAB TO LAST POSITION, PUSH SEND



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/743,291	<b>FILING DATE</b> 01/08/2001 <b>RULE</b> _	<b>CLASS</b> 004	<b>GROUP ART UNIT</b> 3751	<b>ATTORNEY DOCKET NO.</b> P010-4176(PCT)
<b>APPLICANTS</b> Dimitrios Naoum, Thessaloniki, GREECE;				
<b>** CONTINUING DATA **</b> <i>cep</i> THIS APPLICATION IS A 371 OF PCT/GR99/00024 07/05/1999				
<b>** FOREIGN APPLICATIONS **</b> <i>cep</i> GREECE 980100268 07/09/1998				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 02/21/2001				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>cep</i>		<b>STATE OR COUNTRY</b> GREECE	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 7
Verified and Acknowledged Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b>  AIR MAIL Naoum Dimitrios 12 K Saratsi Str Kalamaria, _ GR551 32 GREECE				
<b>TITLE</b> Collector of unused water				
<b>FILING FEE RECEIVED</b> 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	